

Department of Behavioral Health

Behavioral Health Satisfaction Survey

Mental Health Statistics Improvement Program
(MHSIP)

Youth Services Survey for Families
(YSS-F)

Substance Use Satisfaction Survey
(SUD)

Perceptions of Public Behavioral Health Services
in the District of Columbia among Consumers,
Caregivers of Children and Youth, and Clients

2021

Data and Performance Measurement
Policy, Planning, and Evaluation Administration

Table of Contents

EXECUTIVE SUMMARY	2
ACKNOWLEDGEMENTS	4
INTRODUCTION	5
METHODOLOGY	5
Sampling and Data Collection	7
Scoring and Analysis.....	8
LIMITATIONS	8
FINDINGS.....	9
Satisfaction Scores	9
Satisfaction Scores by Length of Service.....	11
Respondents' Comments and Major Themes.....	13
SUMMARY	16
APPENDIX A. MHSIP SURVEY ITEMS	17
APPENDIX B. YSS-F SURVEY ITEMS.....	19
APPENDIX C. SUD SURVEY ITEMS.....	21

EXECUTIVE SUMMARY

The DC Department of Behavioral Health (DBH) Data and Performance Measurement (DPM) Division within the Policy, Planning, and Evaluation Administration (PPEA) partnered with the Consumer and Family Affairs Administration (CFAA) to support survey data collection efforts. The DPM Division completed analysis of the Mental Health Statistics Improvement Program Survey (MHSIP) for Adults, the Youth Services Survey for Families (YSS-F), and the Substance Use Disorder (SUD) Satisfaction Survey¹ (a survey for clients receiving substance use services). Each year, DBH is required by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) to conduct a survey of consumers' perceptions of the mental health care they receive from the community mental health system. The results from these surveys (only the MHSIP and YSS-F) are reported annually to CMHS as a part of the requirements for the Mental Health Block Grant. Collecting data nationwide allows SAMHSA, and the other states that participate in the survey, the opportunity to compare system strengths and challenges on a national level, identify areas for improvement, and work to implement changes.

The surveys present statements about services within eight domains and asks respondents to state to what degree they agree or disagree with each statement. The eight domains include Access, Participation in Treatment Planning, Person-Centered Care Planning, Quality and Appropriateness (or Cultural Sensitivity), Social Connectedness, Functioning, Outcomes, and General Satisfaction. The survey also includes two open-ended questions asking respondents to provide feedback on what has been helpful and what could improve services.

A random sample of adult consumers (N = 2576) and child and youth consumers (N = 1490) who had at least four mental health visits in the past six months and clients who received at least two outpatient substance use services in the past three months (N = 1519) within the fiscal year of 2021 (October 1, 2020 through September 30, 2021) was identified². Of the valid contacts³, 421 (32%) completed the MHSIP Survey (Adult), 406 (36%) completed the YSS-F Survey (caregiver of child and youth), and 313 (39%) completed the SUD Survey (substance use).

Quantitative and qualitative analyses of the eight domains were conducted. For adult mental health consumers, the domains with the highest scores were *Quality and Appropriateness* (83%) and *Participation in Treatment Planning* (79%). The lowest scoring domains were *Functioning* (73%), *Social Connectedness* (72%), and *Outcomes* (70%). For caregivers of child and youth mental health consumers, the domains with the highest scores were *Cultural*

¹ The Mental Health Statistics Improvement Program Survey (MHSIP) for Adults, the Youth Services Survey for Families (YSS-F), and the SUD Survey fall under the umbrella of Behavioral Health Satisfaction Survey (BHSS). This report will refer to the surveys as MHSIP, YSS-F, and SUD.

² Note that individuals receiving mental health services will be referred to as 'consumers' and those receiving substance use services will be referred to as 'clients.'

³ Valid contacts = number of completed surveys/number of valid phone numbers or addresses – Adult (421/1315), Child (406/1133), SUD (313/798).

Sensitivity (92%) and *Participation in Treatment Planning* (83%). The lowest scoring domains were *Functioning* (54%) and *Outcomes* (54%). For clients receiving substance use services, the domains with the highest scores were *Functioning* (94%) and *Quality and Appropriateness* (91%). The lowest scoring domains were *Access* (86%), *Participation in Treatment Planning* (86%), and *Person-Centered Care Planning* (86%).

Consumers (mental health), clients (substance use), and caregivers of youth provided recommendations to improve the service system. There were three themes that overlapped all three groups: 1) Staff Communication, 2) Staff Consistency, and 3) Services (Counseling, Therapy, Group). Additionally, adult consumers and SUD clients both reported the need for housing.

The following report provides a more detailed, narrative analysis of the MHSIP, YSS-F, and SUD survey results. Respondents' feedback on improvements to the system is also included in the report.

ACKNOWLEDGEMENTS

Principal Lead: Crystal Williams, Ph.D., Program Analyst

BHSS Project Work Team: Colin Billett (Quality Improvement Coordinator); Trina Logan (Director, Consumer and Family Affairs Administration); Laura Heaven (Director, Data and Performance Measurement Division), and Nikiya Ford-Jackson (Program Analyst).

Surveyors: Norman Jones, Sabrina Slater, Sierra Hunter

Respondents: *Special thanks to the consumers, clients, and caregivers of the youth for their participation and for sharing their unique experience as this is instrumental in shaping the direction of system and quality improvement strategies for the District's behavioral health system.*

FOR MORE INFORMATION CONTACT:

Laura Heaven
Director, Data and Performance Measurement
Department of Behavioral Health
(202) 671-4147
laura.heaven@dc.gov

INTRODUCTION

Each year, the DC Department of Behavioral Health (DBH), along with other states, is required by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) to conduct a survey of consumers' perceptions of the mental health care they received from the community mental health system. The results from this survey are reported annually to CMHS as part of the requirements for the Mental Health Block Grant. Collecting data nationwide allows SAMHSA, and other states, the opportunity to compare system strengths and challenges on a national level, identify areas for improvement, and work to implement changes. The DBH Data and Performance Measurement (DPM) Division analyzed both the annual Mental Health Statistics Improvement Program Survey (MHSIP) for Adults and the Youth Services Survey for Families (YSS-F). Data were also collected from clients receiving substance use services (i.e., SUD Survey) to better understand their unique perceptions of their service experience and identify opportunities for quality improvement.

The results from the MHSIP, YSS-F, and SUD survey function as a measure of how satisfied consumers, clients, and caregivers are with community mental health and substance use services and provide insight into what is needed to enhance quality and continuity of care. The perspectives of these individuals are valuable in that they provide DBH with the opportunity to determine what changes are needed for service delivery, collaboration with provider agencies, and implementation strategies. The following provides details on sampling, data collection, quantitative and qualitative findings, and a summary on the overall results and next steps.

METHODOLOGY

The MHSIP survey includes a total of 41 items (see Appendix A), which are divided into eight domains (see Table 1). The content of the domains in the MHSIP survey (see Appendix A) has been designed for the adult mental health population. Each item on the MHSIP is answered using a Likert scale ranging from one (strongly agree) to five (strongly disagree). Items in a domain are summed and divided by the total number of items and scores less than 2.5 are reported in the positive range for the domain (i.e., percent satisfied). Surveys with domains where more than one-third of items were missing were not included in the final analysis. Lastly, there were two open-ended questions that asked adult consumers to share 1) most helpful aspects of services and 2) recommendations to improve services.

Domain	Sample Statement
Access	The location of services was convenient (parking, public transportation, distance, etc.).
Participation in Treatment Planning	I, not staff, decided my treatment goals.
Person-Centered Care Planning	In my plan, I can see how I'll use my strengths to work on my goals.

Quality and Appropriateness	Staff helped me obtain the information I needed so I could take charge of managing my illness.
Social Connectedness	I am happy with the friendships I have.
Functioning	I do things that are more meaningful to me.
Outcomes	I deal more effectively with daily problems.
General Satisfaction	I liked the services that I received here.

The YSS-F survey includes a total of 31 items (see Appendix B), which are divided into eight domains (see Table 2). The content of the domains in the YSS-F survey (see Appendix B) has been designed for the child and adolescent mental health population. Each item on the YSS-F is answered using a Likert scale ranging from one (strongly disagree) to five (strongly agree). Items in a domain are summed and divided by the total number of items, and scores greater than 3.5 are reported in the positive range for the domain (i.e., percent satisfied)⁴. Surveys with domains where more than one-third of items were missing were not included in the final analysis. Lastly, the survey included two open-ended questions that asked the parent or caregiver to share 1) most helpful aspects of services and 2) recommendations to improve services.

Domain	Sample Statement
Access	The location of services was convenient for us (parking, public transportation, distance, etc.).
Participation in Treatment Planning	I helped to choose my child’s services.
Person-Centered Care Planning	In my child’s plan, I can see how my child’s strengths will be used to work on his/her goals.
Cultural Sensitivity	Staff respected my family’s religious/spiritual beliefs.
Social Connectedness	I have people that I am comfortable talking with about my child’s problems.
Functioning	My child gets along better with family members.
Outcomes	My child is better at handling daily life.
General Satisfaction	Overall, I am satisfied with the services my child received.

The SUD survey includes a total of 39 items (see Appendix C), which are divided into eight domains (see Table 3). The content of the domains in the SUD survey (see Appendix C) has been

⁴ Note: Per national standards, the scale and scoring for adults and caregivers are reversed. That is, for adults, the scale range is 1 = Strongly Agree to 5 = Strongly Disagree and satisfaction is indicated by scores less than 2.5. For caregivers, the scale range is 1 = Strongly Disagree to 5 = Strongly Agree and satisfaction is indicated by scores greater than 3.5.

designed for clients receiving substance use services. Each item on the SUD survey is answered using a Likert scale ranging from one (strongly disagree) to five (strongly agree). Items in a domain are summed and divided by the total number of items, and scores greater than 3.5 are reported in the positive range for the domain (i.e., percent satisfied)⁵. Surveys with domains where more than one-third of items were missing were not included in the final analysis. Additionally, the survey included two open-ended questions that asked clients to share 1) most helpful aspects of services and 2) recommendations to improve services.

Domain	Sample Statement
Access	The location of services was convenient (parking, public transportation, distance, etc.).
Participation in Treatment Planning	I, not staff, decided my treatment goals.
Person-Centered Care Planning	In my plan, I can see how I'll use my strengths to work on my goals.
Quality and Appropriateness	Staff helped me obtain the information I needed so I could be responsible for remaining free of drugs and/or alcohol.
Social Connectedness	I am happy with the friendships I have.
Functioning	I do things that are more meaningful to me.
Outcomes	I deal more effectively with daily problems.
General Satisfaction	I like the services that I received here.

Sampling and Data Collection

DBH delivered mental health services to 31,933 adult consumers in Fiscal Year 2021. From this general population, a random sample of 2,576⁶ adult consumers who had at least four mental health visits within the past six months was selected to participate in the survey. These consumers were identified from the DBH claims database. Four-hundred twenty-one (421) consumers completed the MHSIP survey and were served by 42 providers.

There were 3,904 child and adolescent consumers receiving mental health services in fiscal year 2021. From this general population, a random sample of 1,490 consumers who had at least four mental health visits within the past six months in the District was selected to participate in the survey. Four-hundred six (406) caregivers completed the YSS-F survey and were served by 16 providers.

⁵ Note: The scale and scoring for the SUD survey is the same as the scale and scoring for the YSS-F survey.

⁶ Sample sizes were determined by calculating the confidence level (95%), confidence interval (5) and general consumer population (e.g., 40,000). This estimated sample size was multiplied by seven to oversample and account for expected rate of return. Thus, a random sample of 2,600 consumers were selected.

There were 4,912 adult clients receiving substance use services in fiscal year 2021. From this general population, a random sample of 1,519 clients⁷ who had at least two claims within the past 90 days or three months was selected to participate in the survey. Three-hundred thirteen clients completed the SUD survey and were served by 16 providers.

The data were collected between December 2020 and July 2021. DBH's Consumer and Family Affairs Administration managed the data collection process and provided training to the surveyors. Surveyors were trained in telephone etiquette, interviewing techniques, ensuring confidentiality, adhering to survey scripts, data quality standards, as well as data entry.

Consumers, clients, and caregivers of child consumers selected as respondents were mailed a postcard to inform them of the opportunity to participate in the survey. Respondents had the option of completing the survey by phone with a surveyor or by mail. Surveys were also available in Spanish for Spanish-speaking respondents. All respondents provided consent to participate. Respondents did not receive any monetary incentive for participation. Of the 421 adult respondents, 420 (99.8%) completed the survey by phone and 1 consumer (.2%) completed the survey face-to-face. Of the 406 caregiver respondents, 393 (96.8%) completed the survey by phone and 13 consumers (3.2%) completed the survey by mail. Of the 313 clients receiving substance use services, 313 (100%) completed the survey by phone.

Scoring and Analysis

Quantitative data were aggregated and descriptive analyses were performed to assess respondents' satisfaction with services (by each domain) over the past three years. Domains required at least two-thirds of the items answered to be included in the analysis.

Content analysis was used to analyze respondents' comments to determine if there were major themes or trends that emerged from the open-ended questions. Pre-set categories were used to code the data (e.g., staff, services, housing, etc.) and emergent themes, if any, were then identified within each code (e.g., staff communication). Not applicable or missing responses were not analyzed. Two staff members independently coded the comments, compared results, and resolved any differences.

LIMITATIONS

The findings from this report are based on self-report. Consumers, clients, and caregivers may have varied reasons for their responses (e.g., social desirability). Additionally, responses are from those who responded to the survey and does not account for those who did not respond due to dissatisfaction with services or other reasons. Further, the sample selection criteria for mental health consumers included those with at least four billable mental health rehabilitation

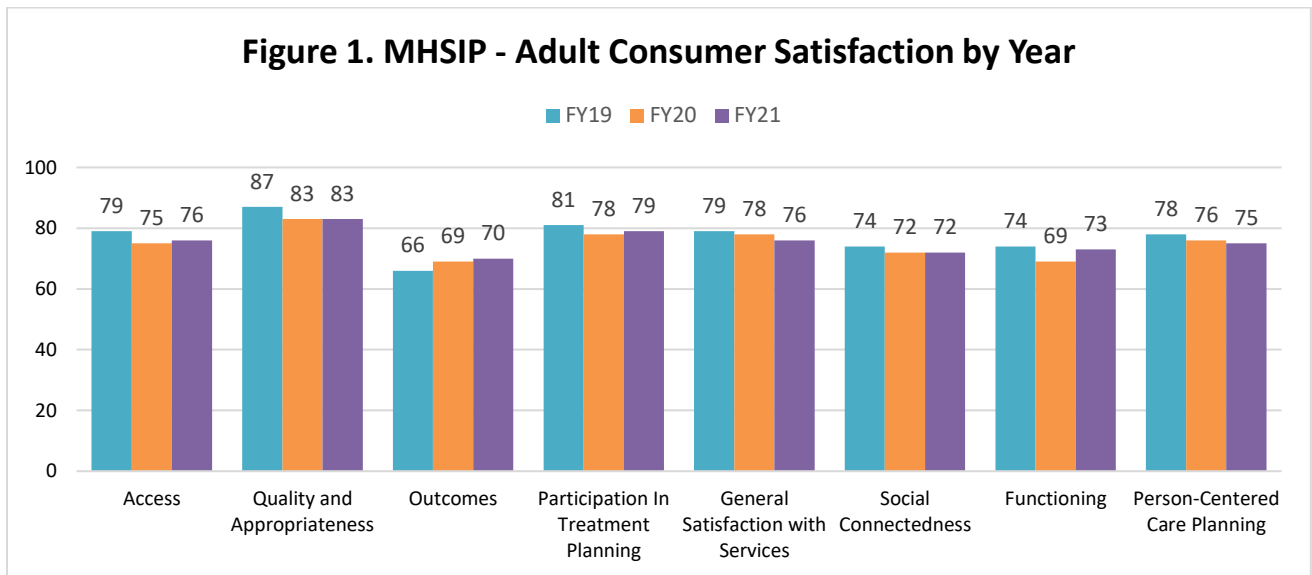
⁷ Clients receiving outpatient, residential, and Medication-Assistance Treatment (MAT) substance use services were included in the sample, while those receiving drug testing, assessment services, nursing services, Access to Recover (ATR) services, and recovery services were excluded from the sample.

visits within the past six months. For substance use, the sample selection criteria included clients with at least two billable visits within the last three months. These consumers and clients may experience the DBH service system differently than other consumers and clients. Thus, interpretation of the findings of this report should be considered within this context. The content analysis of the open-ended comments includes only those respondents who provided a written comment on the survey or shared a comment with a surveyor by phone. Surveys that had a preponderance of missing data or were not filled out correctly were removed from the sample. Additionally, although respondents shared their level of satisfaction with functioning and outcomes, this information is not equivalent to data from an objective functional assessment or measure.

FINDINGS

Satisfaction Scores

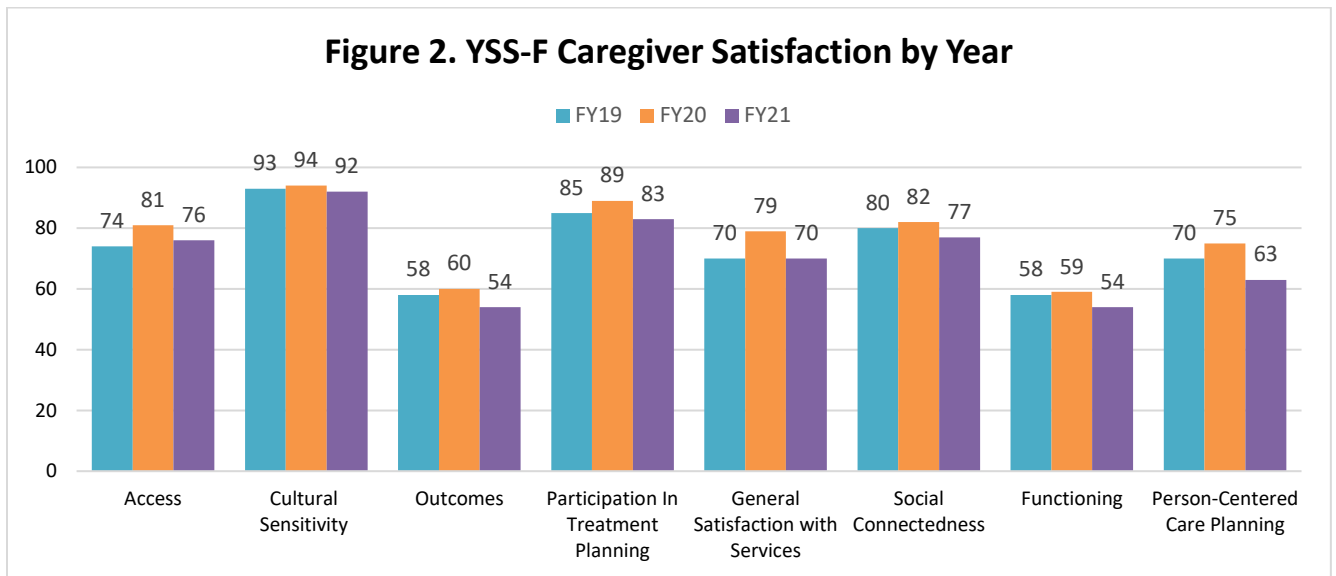
Figure 1 provides a comparative analysis of satisfaction scores (percentages) over the past three years for adult consumers receiving mental health services. Overall, domain scores remained consistent over the past three years. Focusing on the 2021 findings, adults were most satisfied with Quality and Appropriateness (83%) and Participation in Treatment Planning (79%). Adults, however, were least satisfied with Outcomes⁸ (70%), Social Connectedness (72%), and Functioning⁹ (73%). *Note: Most of the adult consumers were African American (73%), female (60%), and, on average, 48 years of age.*



⁸ Outcomes are the consumers' perception of the benefits received from clinical treatment.

⁹ Functioning is the perception of overall improvement in mental health and social well-being.

For caregivers of youth (see Figure 2), there was a notable decline in each domain score over the past two years. Further, Functioning and Outcome domain scores remain persistently low. Focusing on the 2021 findings, caregivers were most satisfied with Cultural Sensitivity¹⁰ (92%) and Participation in Treatment Planning (83%). Caregivers, however, were least satisfied with their child’s Functioning (54%), Outcomes¹¹ (54%), and Person-Centered Care Planning (63%). *Note: Most of the youth of the caregivers were African American (64%), male (64%), and, on average, 13 years of age.*

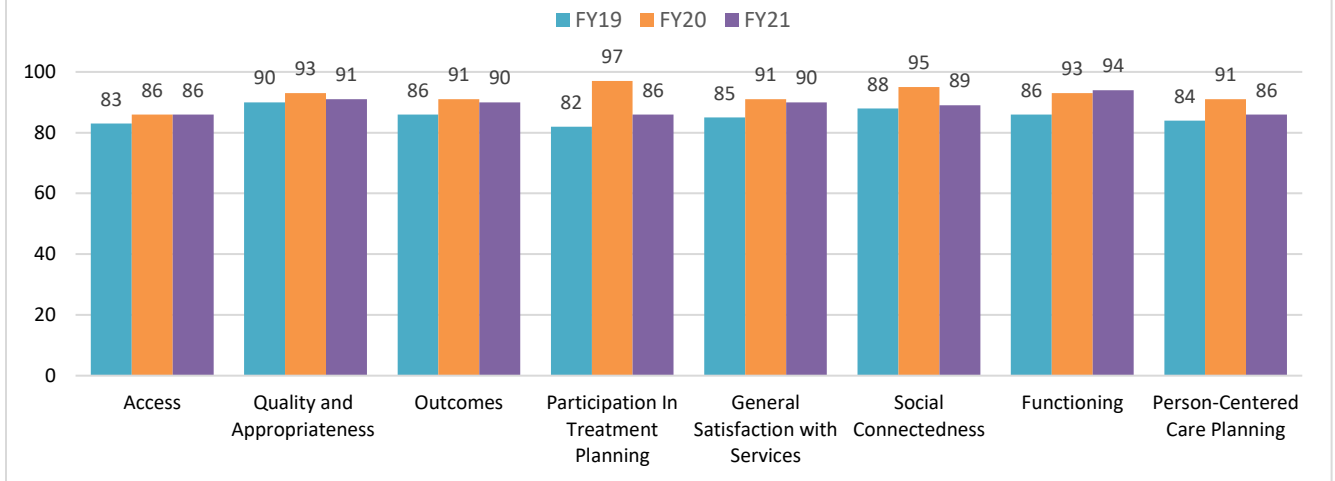


For the clients receiving substance use services, (see Figure 3), the majority of the domain scores remained consistently high over the past three years. Notably, Functioning and Outcome domains have seen an important increase over the past three years. Focusing on the 2021 findings, clients were most satisfied with Functioning (94%) and Quality & Appropriateness (91%). Clients, however, were least satisfied with Access (86%), Participation in Treatment Planning (86%), and Person-Centered Care Planning (86%). *Note: Most of the clients receiving substance use services were African American (90%), male (57%), and, on average, 56 years of age.*

¹⁰ Cultural Sensitivity refers to the staff being culturally sensitive to the consumer and family (e.g., respected religious/spiritual beliefs).

¹¹ Outcomes are the caregivers’ perception of the benefits received from the child’s clinical treatment, with the addition of caregivers’ perception of satisfaction with family life.

Figure 3. SUD - Satisfaction with Substance Use Services



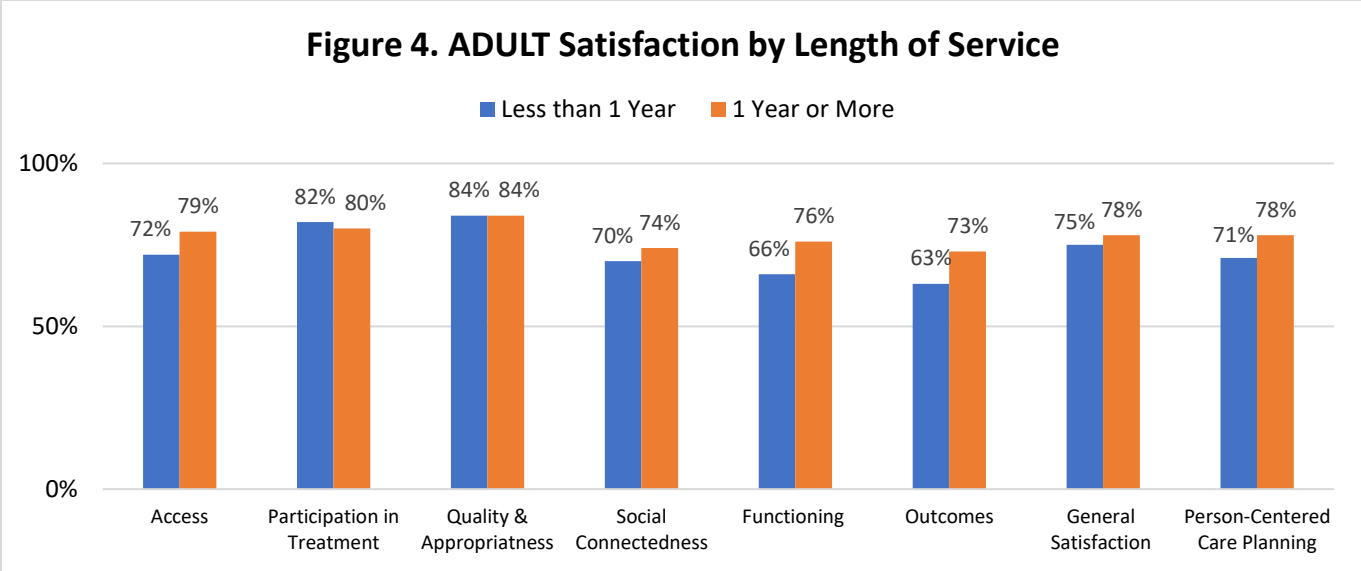
Satisfaction Scores by Length of Service

The following section will highlight satisfaction by length of service for adult consumers and caregivers of youth. Length of service is defined as less than one year vs one year or more. For clients receiving substance use services, the treatment time may be much shorter than one year (e.g., 90 days), therefore, service status is measured by whether the client was receiving treatment at the time of the survey (i.e., in treatment) vs whether the client was not currently receiving treatment (i.e., out of treatment).

ADULT CONSUMERS

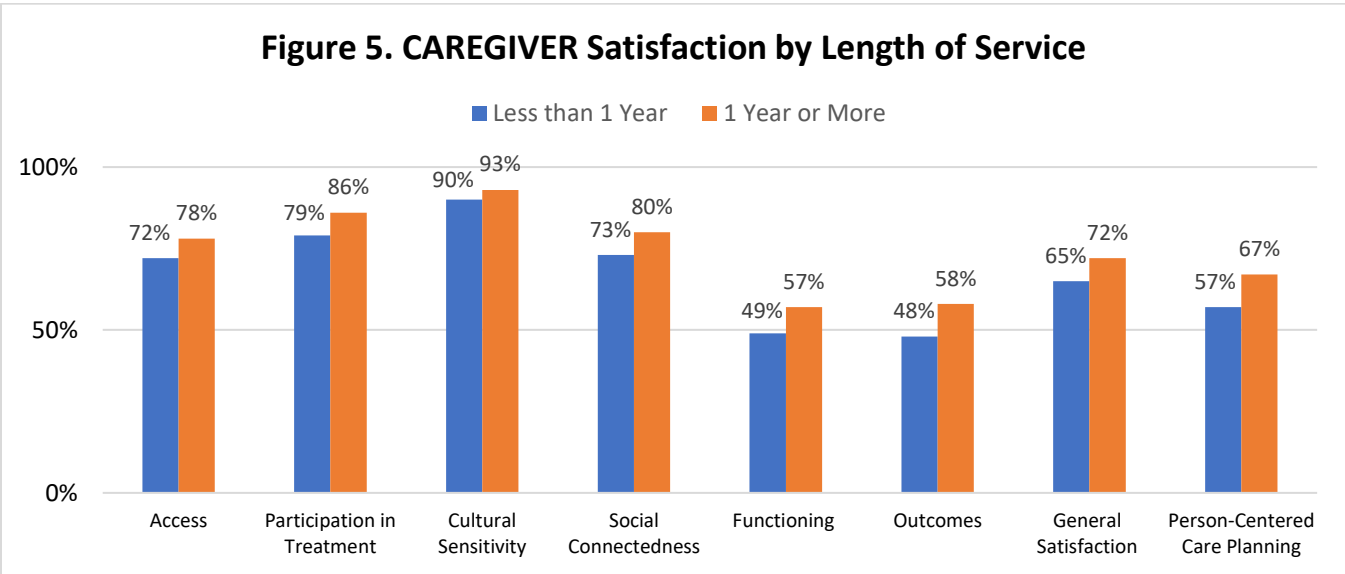
Overall, adult consumers receiving mental health services for one year or more reported slightly higher satisfaction than adult consumers receiving services for less than one year, with the exception of Participation in Treatment and Quality & Appropriateness (see Figure 4). Most notable, is the much higher score in Functioning (76% vs 66%) and Outcomes (73% vs 63%) for those in service for one year or more compared to those in service for less than one year. *Note: Approximately 112 consumers received services for less than one year and approximately 297 consumers received services for one year or more.*¹²

¹² Sample sizes indicate approximation due to missing data per domain.



CAREGIVERS OF YOUTH

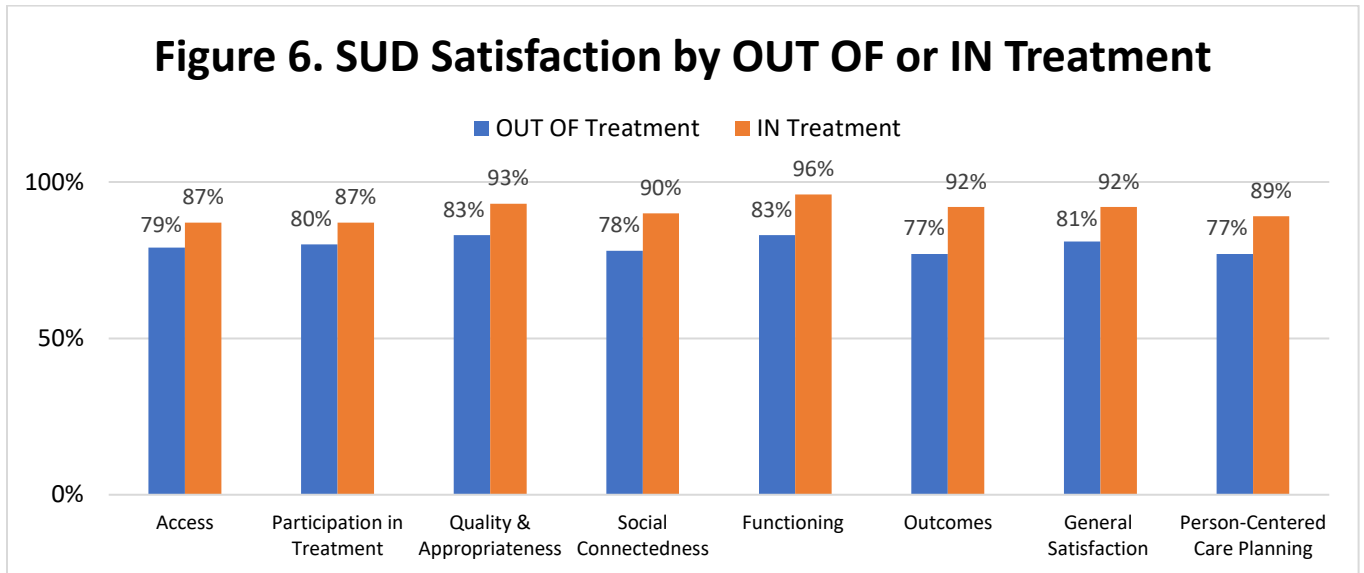
Overall, caregivers of youth receiving mental health services for one year or more reported higher satisfaction than caregivers of youth receiving services for less than one year (see Figure 5). Most notable, is the much higher score in Outcomes (58% vs 48%) and Person-Centered Care Planning (67% vs 57%) for those in service for one year or more compared to those in service for less than one year. *Note: Approximately 154 child and youth consumers received services for less than one year and approximately 247 consumers received services for one year or more.*¹³



¹³ Sample sizes indicate approximation due to missing data per domain.

SUD

Overall, clients currently receiving substance use services reported higher satisfaction than clients not currently receiving substance use services (see Figure 6). Most notable, is the much higher score in Functioning (96% vs 83%) and Outcomes (92% vs 77%) for those currently in treatment compared to those currently out of treatment. *Note: Approximately 264 clients were currently receiving substance use services and approximately 47 clients were not receiving services.*¹⁴



Respondents' Comments and Major Themes

This section highlights major themes from adult consumers (mental health), adult clients (substance use), and caregivers of youth (mental health) about their service experience. Content analysis was used to examine the two open-ended questions to identify major themes and provide context for the satisfaction scores. The two questions asked respondents for their feedback on aspects of service that were helpful and areas for quality improvement. Using open-ended questions gives leadership and decision-makers additional information that they may not garner from multiple-choice questions. This also helps uncover trends that may be occurring within or across particular groups (e.g., adult vs. child). Not all respondents surveyed answered the open-ended questions – only a subset of adult consumers receiving mental health services, adult clients receiving substance use services, and caregivers of youth receiving mental health services. Their feedback is useful to better understand what was helpful and what could improve services. These major themes (e.g., staff support, staff consistency) provide insight into ways the system can improve practice and policy and should aid the

¹⁴ Sample sizes indicate approximation due to missing data per domain.

agency's understanding on ways to improve the District's mental health and substance use service delivery system.

What have been some of the **most helpful** things about the services you received?

ADULT (Mental Health) – MOST HELPFUL. Adult consumers identified the following as the most helpful aspects of services:

- **Staff Support/Care & Communication** – Consumers noted that staff are there for them, whether it is day or night. They also noted that staff keep in touch and reach out.
- **Consumer Has Someone to Talk to** – Being able to talk to and open up to staff and share experiences with staff were helpful for consumers. Additionally, consumers reported that talking to someone and having someone listen to their feelings were helpful aspects of services (e.g., brings peace).
- **Medication Services** – Consumers appreciated access to medication, medication management, assistance with obtaining medication, and receiving medication on time.

CAREGIVERS (Mental Health) – MOST HELPFUL Caregivers of youth identified the following as the most helpful aspects of services:

- **Staff Support/Care & Communication** – Caregivers of youth noted that staff are very supportive and even stated that a caseworker was amazing. Staff that were easy to reach and provided communication reminders were appreciated by the caregivers.
- **Child Has Someone to Talk to & Support for Caregiver** – In addition to the child having someone to talk (i.e., about ways to manage child's behavior and feelings), caregivers expressed that having staff support them, as well, was helpful.
- **Child Improvement** – Caregivers reported that their child's interaction with people has improved and their child's grades (e.g., honor roll) has improved. Additionally, caregivers report that their children are more expressive, and the family is more stable.

ADULT (SUD) – MOST HELPFUL Clients receiving substance use services identified the following as the most helpful aspects of services:

- **Staff Support/Care** – Clients acknowledged that staff have gone above and beyond to help, reach out, and show they really care about their well-being. Further, some clients noted that the support has helped them to stop using substances.
- **Services (Counseling, Therapy, Group) & Someone to Talk to** – In addition to specific services or programs, such as Breakthrough Meetings, Anger Management Groups, Composting/Planting, and Wellness Therapy in Music, clients appreciated the opportunity to having someone to talk to.
- **Client Improvement** – Clients identified the following improvements – ability to verbalize thoughts in ways that they weren't able to do prior to treatment, skills to manage substance use challenges, and understanding triggers and avoiding them by using coping skills.

What would **improve** the services that you received?

ADULT (Mental Health) – IMPROVE SERVICES Adult consumers reported the following as recommendations for improvement:

- **Staff Communication & Consistency** – Consumers requested prompt return phone calls and follow-up communication. Additionally, due to high staff turnover, consumers report switching to multiple caseworkers and the burden of repeating and retelling their story to a new caseworker. Consumers recommended consistent staff.
- **Housing** – Consumers identified the need for housing, better opportunities and resources for housing, faster housing assistance, and better housing locations.
- **Services (Counseling, Therapy, Group)** – Consumers requested more group sessions, access to group programs, more one-on-one counseling, in-home services, and more community involvement.
- **Access - Need for Staff** – In addition to the need for specific treatment services (above), consumers identified the need for specific professional staff – a therapist, better doctor, counselor that consumer requested, more case managers, and more time with doctor.

CAREGIVERS (Mental Health) – IMPROVE SERVICES Caregivers of youth reported the following as recommendations for improvement:

- **Staff Communication & Consistency** – Caregivers requested the need for follow-up, better communication (e.g., not playing phone tag) and more transparency (e.g., services provided to child). Additionally, caregivers identified high turnover as a barrier to and delay for services and recommended the need to maintain consistent therapists and workers.
- **Access - Need for Staff** – Caregivers expressed the need to begin services or a delay in working with professional staff. Specifically, there were requests for a therapist (i.e., waiting on a therapist), psychiatrist (i.e., awaiting follow-up appointment), initial appointment with a therapist, and specific accommodations for a caregiver's son.
- **Staff Available & Accessible** – Caregivers identified the need for 'more' staff availability and accessibility – more sessions with the therapist and family, speaking to a therapist more often, and more interactions with the family.
- **Services (Counseling, Therapy, Group)** – In addition to the need for specific staff (above), caregivers identified the need for specific treatment services – group sessions, home respite, hands-on support inside the home, occupational therapy, and different modalities. Caregivers also requested that staff work with them in developing their child's treatment plan.

ADULT (SUD) – IMPROVE SERVICES Clients receiving substance use services reported the following as recommendations for improvement:

- **Access - Appointment Times, Location, Parking, Transportation** – Clients recommended extended hours for services, closer location (e.g., consumer takes bus from beginning of bus line to the end), convenient parking for cars, and courtesy transportation.

- **Housing** – Clients would like help with finding housing, identifying supportive housing services, and securing better accommodations for those in need of housing (e.g., suitable environment for those in recovery).
- **Staff Communication & Consistency** – Clients expressed the need for staff to contact clients more often, provide more communication/information (e.g., meeting dates and times) and promptly return phone calls. Further, staff turnover was identified as a barrier to services. Clients requested a streamlined process to continue counseling when a counselor leaves and the need to work with one counselor.
- **Services (Counseling, Therapy, Group) & Facilities** – Clients requested that group sessions resume (i.e., mandatory groups, support groups, etc.). Additionally, clients expressed the need for facility upgrades (i.e., common areas, restroom areas, outside premises, and front of building).

SUMMARY

This report highlights the findings from the MHSIP, YSS-F, and SUD satisfaction surveys. The data provide valuable information on consumer, client, and caregiver experience with the mental health and substance use service system. Because these experiences are based on a select sample of consumers and clients, at one point in time, it is important to assess satisfaction and agency performance via multiple methods. For example, including these data in combination with the key agency performance indicators can help create a performance profile of the DBH system at-large. Over time, this performance profile can help DBH better understand how consumers and clients experience the service system and guide DBH on the best ways to move forward in improving service delivery throughout the public behavioral health system. Further, assessing satisfaction at the provider level may offer a different picture of consumer and client satisfaction, and thus establishing a system to continuously collect and monitor these data at the agency-level is also critical (e.g., continuous quality improvement system). The District values feedback and will continue to assess satisfaction within the mental health and substance use service system. It is imperative to incorporate stakeholders' feedback into system-wide efforts to inform the growth of a strong, efficient, and effective service delivery system.

APPENDIX A. MHSIP SURVEY ITEMS

MHSIP Survey Items by Domain (ADULTS 18 or older)	
Access	<ol style="list-style-type: none">1. The location of services was convenient (parking, public transportation, distance, etc.).2. Staff were willing to see me as often as I felt it was necessary.3. Staff returned my calls within 24 hours.4. Services were available at times that were good for me.5. I was able to get all the services I thought I needed.6. I was able to see a psychiatrist when I wanted to.
Participation in Treatment Planning	<ol style="list-style-type: none">1. I felt comfortable asking questions about my treatment and medication.2. I, not staff, decided my treatment goals.
Quality and Appropriateness	<ol style="list-style-type: none">1. Staff here believe that I can grow, change, and recover.2. I felt free to complain.3. I was given information about my rights.4. Staff encouraged me to take responsibility for how I live my life.5. Staff respected my wishes about who is and who is not to be given information about my treatment.6. Staff were sensitive to my cultural background (race, religion, language, etc.).7. Staff helped me obtain the information I needed so I could take charge of managing my illness.8. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc).9. Staff told me what side effects to watch out for.
Social Connectedness	<ol style="list-style-type: none">1. I am happy with the friendships I have.2. I have people with whom I can do enjoyable things.3. I feel I belong in my community.4. In a crisis, I would have the support I need from family or friends.

Functioning

1. I do things that are more meaningful to me.
2. I am better able to take care of my needs.
3. I am better able to handle things when they go wrong.
4. I am better able to do things that I want to do.
5. My symptoms are not bothering me as much.

Outcomes

1. I deal more effectively with daily problems.
2. I am better able to control my life.
3. I am better able to deal with crisis.
4. I am getting along better with my family.
5. I do better in social situations.
6. I do better in school and/or work.
7. My symptoms are not bothering me as much (repeat).
8. My housing situation has improved.

General Satisfaction

1. I like the services that I received here.
2. If I had other choices, I would still get services from this agency.
3. I would recommend this agency to a friend or family member.

Person-Centered Care Planning

1. In my plan, I can see how I'll use my strengths to work on my goals.
2. I feel like staff support me in working on things like getting a job and managing my money, even if I still have other issues.
3. It is clear to me in my plan how certain interventions/treatments will help me achieve my goals.
4. I have a chance to review and make changes to my plan.
5. I get a copy of my plan to keep.

APPENDIX B. YSS-F SURVEY ITEMS

YSS-F Survey Items by Domain (CAREGIVERS OF YOUTH 17 or younger)

Access	<ol style="list-style-type: none">1. The location of services was convenient for us (parking, public transportation, distance, etc.).2. Services were available at times that were convenient for us.
Participation in Treatment Planning	<ol style="list-style-type: none">1. I helped to choose my child's services.2. I helped to choose my child's treatment goals.3. I participated in my child's treatment.
Cultural Sensitivity	<ol style="list-style-type: none">1. Staff treated me with respect.2. Staff respected my family's religious/spiritual beliefs.3. Staff spoke with me in a way that I understood.4. Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.).
Social Connectedness	<ol style="list-style-type: none">1. I know people who will listen and understand me when I need to talk.2. I have people that I am comfortable talking with about my child's problems.3. In a crisis, I would have the support I need from family or friends.4. I have people with whom I can do enjoyable things.
Functioning	<ol style="list-style-type: none">1. My child is better able to do things he or she wants to do.2. My child is better at handling daily life.3. My child gets along better with family members.4. My child gets along better with friends and other people.5. My child is doing better in school and/or work.

6. My child is better able to cope when things go wrong.

Outcomes

Includes all of the items for functioning. However, 'My child is better able to do things he or she wants to do' is replaced with "I am satisfied with our family life right now."

General Satisfaction

1. Overall, I am satisfied with the services my child received.
2. The people helping my child stuck with us no matter what.
3. I felt my child had someone to talk to when he/she was troubled.
4. The services my child and/or family received were right for us.
5. My family got the help we wanted for my child.
6. My family got as much help as we needed for my child.

Person-Centered Care Planning

1. In my child's plan, I can see how my child's strengths will be used to work on his/her goals.
 2. I feel like staff support my child in working on things like school-related issues (e.g., classwork, homework, tutoring, IEP/504 planning).
 3. It is clear to me in my child's plan how certain interventions/treatments will help my child achieve his/her goals.
 4. I have a chance to review and make changes to my child's plan.
 5. I get a copy of my child's plan to keep.
-

APPENDIX C. SUD SURVEY ITEMS

SUD Survey Items by Domain (ADULTS 18 or older)	
Access	<ol style="list-style-type: none">1. The location of services was convenient (parking, public transportation, distance, etc.).2. Staff were willing to see me as often as I felt it was necessary.3. Staff returned my calls within 24 hours.4. Services were available at times that were good for me.5. I was able to get all the services I thought I needed.
Participation in Treatment Planning	<ol style="list-style-type: none">1. I felt comfortable asking questions about my treatment.2. I, not staff, decided my treatment goals.
Quality and Appropriateness	<ol style="list-style-type: none">1. Staff believe that I can grow, change, and recover.2. I felt free to complain.3. I was given information about my client rights.4. Staff encouraged me to take responsibility for how I live my life.5. Staff respected my wishes about who is and who is not to be given information about my treatment.6. Staff were sensitive to my cultural background (race, religion, language, etc.).7. Staff helped me obtain the information I needed so I could be responsible for remaining free of drugs and/or alcohol.8. I was encouraged to use consumer-run programs (self-help support groups, Alcohol Anonymous – AA, Narcotics Anonymous – NA).

Social Connectedness

1. I am happy with the friendships I have.
2. I have people with whom I can do enjoyable things.
3. I feel I belong in my community.
4. In a crisis, I would have the support I need from family, friends or my network.

Functioning

1. I do things that are more meaningful to me.
2. I am better able to take care of my needs.
3. I am better able to handle things when they go wrong.
4. I am better able to do things that I want to do.
5. I am less likely to use drugs and/or alcohol (repeat).

Outcomes

1. I deal more effectively with daily problems.
2. I am better able to manage my life.
3. I am better able to deal with crisis.
4. I am getting along better with my family.
5. I do better in social situations.
6. I do better in school and/or work.
7. My housing situation has improved.
8. I am less likely to use drugs and/or alcohol (repeat).

General Satisfaction

1. I like the services that I received here.
2. If I had other choices, I would still get services from this provider.
3. I would recommend this provider to a friend or family member.

Person-Centered Care Planning

1. In my plan, I can see how I'll use my strengths to work on my goals.
 2. I feel like staff support me in working on things like getting a job and
-

managing my money, even if I still have other issues.

3. It is clear to me in my plan how certain interventions/treatments will help me achieve my goals.
 4. I have a chance to review and make changes to my plan.
 5. I get a copy of my plan to keep.
-